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PTO/SB/01 (05-03)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	02-028
First Named Inventor	DENNIS P. CURRAN
COMPLETE IF KNOWN	
Application Number	10/655,916
Filing Date	September 05, 2003
Art Unit	1614
Examiner Name	TO BE ASSIGNED

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ANALOGS OF DISCODERMOLIDE AND DICTYOSTATIN-1, INTERMEDIATES THEREFOR
AND METHODS OF SYNTHESIS THEREOF**

(Title of the Invention)

the specification of which

 is attached hereto**OR** was filed on (MM/DD/YYYY) 09/05/2003 as United States Application Number or PCT InternationalApplication Number 10/655,916 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label OR Correspondence address below

Name

HENRY E. BARTONY, JR.

Address

BARTONY & HARE, LLP
LAW & FINANCE BUILDING, SUITE 1801, 429 FOURTH AVENUE

City

PITTSBURGH

State

PA

ZIP

15219

Country

UNITED STATES

Telephone

412/338-8632

Fax

412/338-8611

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

 A petition has been filed for this unsigned inventor

 Given Name
(first and middle [if any])
DENNIS P.

 Family Name
or Surname
CURRAN

 Inventor's
Signature


Date

5/24/04

Residence: City

PITTSBURGH

State

PA

Country

US

Citizenship

US

Mailing Address
105 S. LINDEN AVENUE

City

PITTSBURGH

State

PA

ZIP

15208

Country

US

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventor

 Given Name
(first and middle [if any])

 Family Name
or Surname

 Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country



Additional inventors or a legal representative are being named on the

supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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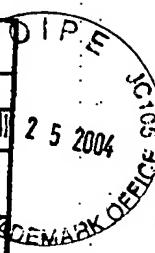
DECLARATION
ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page 1 of 6

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) YOUSEUNG		Family Name or Surname SHIN	
Inventor's Signature <i>youseung</i>		Date 5/24/04	
Residence: City PITTSBURGH	State PA	Country US	Citizenship KOREA
Mailing Address 5030 CENTRE AVENUE, No. 864			
Mailing Address			
City PITTSBURGH	State PA	Zip 15213	Country US
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 2 of 6

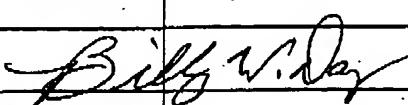
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
NAKYEN		CHOY	
Inventor's Signature <i>nakyen</i>			Date <u>5/24/04</u>
Residence: City <u>BELLE MEAD</u>	State <u>NJ</u>	Country <u>US</u>	Citizenship <u>KOREA</u>
Mailing Address <u>823 PRIMROSE COURT</u>			
Mailing Address			
City <u>BELLE MEAD</u>	State <u>NJ</u>	Zip <u>08502</u>	Country <u>US</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 3 of 8

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned Inventor		
Given Name (first and middle (if any))		Family Name or Surname		
BILLY W.		DAY		
Inventor's Signature				Date <u>5/24/04</u>
Residence: City	PITTSBURGH	State	PA	Country
Mailing Address	1129 SUNRISE DRIVE			
Mailing Address				
City	PITTSBURGH	State	PA	Zip 15243 Country US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))	Family Name or Surname			
Inventor's Signature				
Residence: City		State		Country Citizenship
Mailing Address				
Mailing Address				
City		State	Zip	Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned Inventor			
Given Name (first and middle (if any))	Family Name or Surname			
Inventor's Signature				Data
Residence: City		State		Country Citizenship
Mailing Address				
Mailing Address				
City		State	Zip	Country

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 4 of 6

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
RAGHAVAN		BALACHANDRAN		
Inventor's Signature	<i>Ramachandran</i>			Date <u>5-24-04</u>
Residence: City	WEXFORD	State	PA	Country US
Mailing Address	2548B PHEASANT RUN			
Mailing Address				
City	WEXFORD	State	PA	Zip 15090 Country US
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Inventor's Signature				
Residence: City		State		Country
Mailing Address				
Mailing Address				
City		State	Zip	Country
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Inventor's Signature				Date
Residence: City		State		Country
Mailing Address				
Mailing Address				
City		State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.83. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 5 of 6

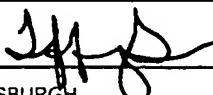
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)	Family Name or Surname		
CHARITHA	MADIRAJU		
Inventor's Signature <i>Charitha Madiraju</i>	Date <u>May 24, 04</u>		
Residence: City PITTSBURGH	State PA	Country US	Citizenship INDIA
Mailing Address 120 RUSKIN AVENUE, APARTMENT NO. 617			
Mailing Address			
City PITTSBURGH	State PA	Zip 15213	Country US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)	Family Name or Surname		
Inventor's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 6 of 6

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
TIFFANY		TURNER	
Inventor's Signature			
Residence: City	PITTSBURGH	State	PA
Country	US	Citizenship	US
Mailing Address	225 MELWOOD AVENUE, No. 31		
Mailing Address			
City	PITTSBURGH	State	PA
Zip	15213	Country	US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))	Family Name or Surname		
Inventor's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))	Family Name or Surname		
Inventor's Signature	Date <u>5/25/04</u>		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/655,916
Filing Date	September 5, 2003
First Named Inventor	DENNIS P. CURRAN
Title	ANALOGS OF DISCODERMOLIDE AND ...
Art Unit	1614
Examiner Name	TO BE ASSIGNED
Attorney Docket Number	02-028



I hereby appoint:

 Practitioners at Customer Number


Place Customer
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Label here

OR

 Practitioner(s) named below:

Name	Registration Number
HENRY E. BARTONY, JR.	34,772

as my/our attorney(s) or agent(s) to prosecute the application identified above; and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

 Practitioners at Customer Number.


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OR

 Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

DENNIS P. CURRAN

Signature

Date

5/14/04

Telephone

412,624,8240

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 7 forms are submitted.

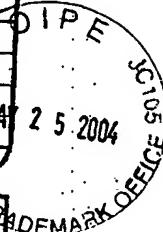
This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/655,918
Filing Date	September 5, 2003
First Named Inventor	DENNIS P. CURRAN
Title	ANALOGS OF DISCODERMOLIDE AND ...
Art Unit	1614
Examiner Name	TO BE ASSIGNED
Attorney/Docket Number	02-028



I hereby appoint:

Practitioner(s) at Customer Number



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OR

Practitioner(s) named below:

Name	Registration Number
HENRY E. BARTONY, JR.	34,772

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioner(s) at Customer Number.



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Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

Telephone

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name:	YOUSEUNG SHIN		
Signature:			
Date:	5/24/04	Telephone:	412-821-6832

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 7 forms are submitted.

This collection of information is required by 37 CFR 1.91 and 1.93. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/655,916
Filing Date	September 5, 2003
First Named Inventor	DENNIS P. CURRAN
Title	ANALOGS OF DISCODERMOLIDE AND ...
Art Unit	1614
Examiner Name	TO BE ASSIGNED
Attorney Docket Number	02-028

I hereby appoint:

 Practitioners at Customer Number


Place Customer
Number Bar Code
Label here

OR

 Practitioner(s) named below:

Name	Registration Number
HENRY E. BARTONY, JR.	34,772

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer Number.


Place Customer
Number Bar Code
Label here

OR

 Firm or Individual Name Address Address City Country Telephone

State

Zip

Fax

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).**SIGNATURE of Applicant or Assignee of Record**

Name	NAKYEN CHOY		
Signature			
Date	5/24/04	Telephone	908-874-6300

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

<input checked="" type="checkbox"/>	*Total of <u>7</u> forms are submitted.
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PTO/SB/81 (05-03)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/655,916
Filing Date	September 5, 2003
First Named Inventor	DENNIS P. CURRAN
Title	ANALOGS OF DISCOODERMOLIDE AND...
Art Unit	1614
Examiner Name	TO BE ASSIGNED
Attorney Docket Number	02-028

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	Name	Registration Number
HENRY E. BARTONY, JR.		34,772

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).

SIGNATURE of Applicant or Assignee of Record

Name

BILLY W. DAY

Signature

Date

5-24-04

Telephone 412.648.9706

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT

Application Number	10/655,918
Filing Date	September 5, 2003
First Named Inventor	DENNIS P. CURRAN
Title	ANALOGS OF DISCODERMOLIDE AND ...
Art Unit	1614
Examiner Name	TO BE ASSIGNED
Attorney Docket Number	02-028

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 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name			
Signature	RAGHAVAN BALACHANDRAN		
Date	5-25-2004	Telephone	(412) 624-6882

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Application Number	10/655,916
Filing Date	September 5, 2003
First Named Inventor	DENNIS P. CURRAN
Title	ANALOGS OF DISCODERMOLIDE AND ...
Art Unit	1614
Examiner Name	TO BE ASSIGNED
Attorney Docket Number	02-028

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	Name	Registration Number
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

CHARITHA MADIRAJU

Signature

Charitha Madiraju

Date

05/25/04

Telephone 412.683.3941

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/655,916
Filing Date	September 5, 2003
First Named Inventor	DENNIS P. CURRAN
Title	ANALOGS OF DISCODERMOLIDE AND ...
Art Unit	1614
Examiner Name	TO BE ASSIGNED
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Name	Registration Number
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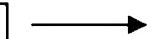
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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

TIFFANY TURNER

Signature

Date

5/25/04

Telephone 412.605.0295

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